

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 18 PM 6:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H06693

(6)

1. Corporation Name

MERRILL R. SWARTZ, INC.

Principal Place of Business

**652 LITTLE WEKIVA ROAD
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**652 LITTLE WEKIVA ROAD
ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/05/1984

3a. Date of Last Report

04/18/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FBI Number

59-2417652

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWARTZ, MERRILL R.
652 LITTLE WEKIVA ROAD
ALTAMONTE SPRINGS FL 32714**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DP
SWARTZ, MERRILL R.
652 LITTLE WEKIVA ROAD
ALTAMONTE SPRINGS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Merrill R. Swartz **MERRILL R. SWARTZ Pres** **4-5-95** **407-847-5892**

SIGNATURE AND TYPE OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

DATE

Telephone Number